

Please type a plus sign (+) inside this box → ☐PTO/SB/50 (Rev. 08/99)  
Approved for use through 12/30/2000. OMB 0651-0092  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Box Reissue  
Washington, DC 20231

Attorney Docket No.	055123.P086R
First Named Inventor	Schaffer
Original Patent Number	5,870,296
Original Patent Issue Date (Month/Day/Year)	02/09/99
Express Mail Label No.	EL466330343US

## APPLICATION FOR REISSUE OF:



Utility Patent



Design Patent



Plant Patent

(Check applicable box)

## APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent  
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?  
☐ Yes ☒ No  
(If Yes, check applicable box(es))  
☐ Written Consent of all Assignees (PTO/SB/53)  
☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of  
(PTO/SB/96) Attorney

## ACCOMPANYING APPLICATION PARTS

7. ☒ Statement of status/support for all changes to  
the claims. See 37 CFR 1.173 (c).
8. ☒ Original U.S. Patent for surrender  
☐ Ribbonded Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS  
Citations
11. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
12. ☒ Preliminary Amendment
13. ☐ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. Other: .....

## 15. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

or ☒ Correspondence address below

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Roger W. Blakely, Jr.

Registration No. (Attorney/Agent)

25,831

Signature

Date

02/08/01


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PTO/SB/56 (08-00)

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 055123.P086R		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 21	Total Claims (37 CFR 1.16(j))	(B) 46	**** 25 =	x \$ _____ =	or	x \$ 18 =	450.00	
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 6	* 4 =	x \$ _____ =		x \$ 80 =	320.00	
Basic Fee (37 CFR 1.16(h))				\$ 710			\$ 710.00	
Total Filing Fee				\$ 710		OR	\$ 1,480.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee					\$		OR	\$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>02-2666</u> A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,480.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>								
02/08/01 Date				 Signature of Applicant, Attorney or Agent of Record Roger W. Blakely, Jr. Typed or printed name				

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
055123.P086R

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Basic Fee (37 CFR 1.16(h))				\$ 710			\$ 710.00
Total Filing Fee				\$ 710	OR	\$ 1,480.00	

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee					\$	OR	\$	

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

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\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

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A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 1,480.00 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**02/08/01  
DateRoger W. Blakely, Jr.  
Signature of Applicant, Attorney or Agent of RecordRoger W. Blakely, Jr.  
Typed or printed name

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